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CONFIRMATION NO. 4738

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APPLICANTS
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**** CONTINUING DATA *******
 This application is a 371 of PCT/NL05/00070 02/01/2005

**** FOREIGN APPLICATIONS *******
 NETHERLANDS 1025397 02/04/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** ** SMALL ENTITY **
 11/30/2007

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /MICHAEL ROBERT BALLINGER/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY NETHERLANDS	SHEETS DRAWINGS 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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TITLE
 Dental Treatment Apparatus

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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